	ROOF OF CLAIM	FLORIDA www.flsb.uscourt
Name of Debtor	Case Number	THIS SPACE IS FOR COURT USE ONL
Debit Corporation of America	04-14360	
NOTE: This form should not be used to make a claim for an adn	ninistrative expense arising offer the	$\overline{}$ $g \in G$
commencement of the case. A "request" for payment of	f an administrative expense may be	
filed pursuant to 11 U.S.C. § 503. (See Local Rule 300)	1-1(B))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor (The person or other entity to whom the	Check box if you are aware th	at A
debtor owes money or property):	anyone else has filed a proof of clai	m local company of the company of th
Sene + Sandra Rinder Knecht	relating to your claim. Attach copy	of \3 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
dame and Address where notices should be sent:	statement giving particulars.	
D. D. Seitt.	Check box if you have never received	x 2
Frank B. Perry 346 Old County Road Ringsold, GA 30736	any notices from the bankruptcy court	m mu
346 Old County Koad	this case.	
Ringgold GA 30734	Check box if the address differs fro	
-	the address on the envelope sent to yo by the court.	" \ ? \ \ .
elephone Number: 766-965-8639		
account or other number by which creditor identifies	Check here if replaces	
f SS# only list last 4 digits of SS#):	this claim amends	previously filed claim, dated
. Basis for Claim	Retiree benefits as defined in 11 U	S.C. § 1114(a)
Goods sold	☐ Wages, salaries, and compensation	(fill out below)
Services performed Money loaned	Last four digits of SS #: xxx-xx-	
Personal injury/wrongful death	Unpaid compensation for services fromto	
Taxes	fromto(date)	<u>:)</u>
Dother Consumer France	, ,	,
. Date debt was incurred:		
8-21-03	3. If court judgment, date obtained	
Total Amount of Claim at Time Case Filed: \$ 8,025 1		
(Unsecured Non		= 0.00 nsecured Priority) (Total)
- 4.1% - 1 1		a. Attack itaminal attack on the C. 11 frag.
additional charges.		Attach itemized statement of all interest
Secured Claim. Check this box if your claim is secured by collateral	7. Unsecured Priority Claim.	
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PURCHASE ORDER DEBIT CORPORATION

OF AMIERICA, INC.

	•
3475 Sheridan Street, Suite 215F, Hollywood, FL 330 Phone: (954) 981-4447 • Fax: (954) 981-4421 Toll Free: (800) 468-3213 • Fax: (800) 468-1836	101 10# 003894 County PalaBeach Martin
Purchaser's Name USA 4/ Real	Date 8/21/03
// /	1. tany 1 ~ Stx 30/6
city for m Beach Gardens	·
Home Phone <u>561-707-8126</u>	Business Phone
No. of Sales Systems to ship:	Face Value of Prepaid MasterCard Activation Certificates to ship: #2,250
Purchase Price Sales Systems	\$ 7,500
Purchase Price of Additional Items	\$ V/C
Total	\$ 7,500,80
Sales Tax (FL Residents Only)	<u>\$ 525.00</u>
Amount Paid	\$ 5,025.00
Special Provisions Purchager Sees Systems @ Deposited Note to be Leposited	\$1,000.00 Fach. Chack #3260 Son \$1,000.00 (act #3261 Son \$7,025.00 6)79103 on before.
Purchaser acknowledges the receipt of all Disclosure Dand deposit of funds and that this sale is subject to	Oocuments of Seller ten (10) business days prior to acceptance the terms on the reverse of this Purchase Order.
	ACCEPTED AND APPROVED

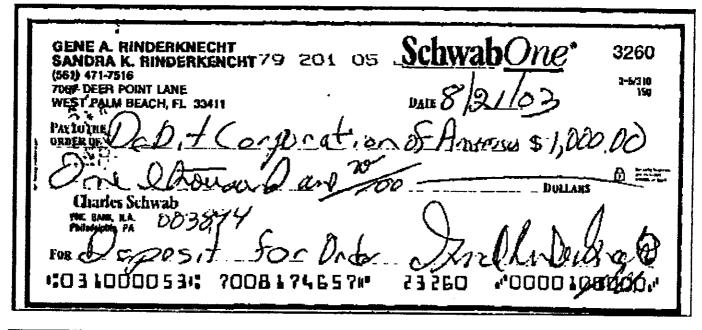
I have read and agree to the Terms and Conditions on the back of this Purchase Order

GENE A. RINDERKNECHT 152 2	or on Schwa	ib <u>One</u> .	3261
(561) 471-7618 7087 DEER POINT LANE WEST PALM BEACH, FL 33411	DATE 8	21/03 .	2-6/310 190
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Account	Serial	Sequence	Paid Date	Amount
7008174657	23261	0022321643	09/02/2003	\$7,025.00

Page 2 of 14



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Account	Serial	Sequence	Paid Date	Amount
7008174657	23260	0024713345	08/25/2003	\$1,000.00

Page 3 of 14

CASHIER'S CHECK

868186

06/18/2003

70-2585 718

Fourteen Thousand Nine Hundred Fifteen Dollers and 90 cents

PAY TO THE ORDER OF CORPORATION OF AMERICA***

\$ <u>* ***\$14.915.00***</u>

Secondario Bank

REMITTER HIFATE RESERVED

NOWING OR MANY

PURCHASE ORDER DEBIT CORPORATION

OF AMIERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 3305 Phone: (954) 981-4447 • Fax: (954) 981-4421	1D# <u>003681 - 003682</u>		
Toli Free: (800) 468-3213 • Fax: (800) 468-1836	County Peoria Blanington Manni		
Purchaser's Name A Saya Resplace Purchaser's Address 4/3 Respectively	Date June 18, 2003		
City Chillierth	State Zip Zip Zip		
	Business Phone <u>309-874-9635</u>		
No. of Sales Systems to ship:	Face Value of Prepaid MasterCard Activation Certificates to ship: 3000		
Purchase Price Sales Systems	<u> </u>		
Purchase Price of Additional Items	**************************************		
Total	\$ 14.915		
Sales Tax (FL Residents Only)			
Amount Paid			
Special Provisions Cotton to topo	Q <u>Q</u>		
Purchaser acknowledges the receipt of all Disclosure Do	ocuments of Seller ten (10) business days prior to acceptance		
and deposit of funds and that this sale is subject to the	he terms on the reverse of this Purchase Order.		
	ACCEPTED AND APPROVED		
By:	Bu JA Sam Selection		
COMPANY OFFICER	By: X/ Fuye Francisco BUYER		

I have read and agree to the Terms and Conditions on the back of this Purchase Order.

AIN # BO2403